Exposure to antineoplastic drugs in the workplace can cause skin rashes, infertility, birth defects, miscarriage, and increased risk of cancer (Connor, Lawson, Polovich, & McDiarmid, 2014; Lawson et al., 2012; McDiarmid, Oliver, Roth, Rogers, & Escalante, 2010; Rogers & Emmett, 1987). Evidence of exposure to antineoplastic drugs in the workplace is mounting. Antineoplastic drug residue in the environment can be used as a proxy for exposure risk. Antineoplastic drug residue has been found on work surfaces (Hon, Teschke, Chu, Demers, & Venners, 2013) and on the hands of those who work near but do not administer the drugs (Hon, Teschke, Demers, & Venners, 2014); antineoplastic drug metabolites have also been found in unit staff’s urine (Hon, Teschke, Shen, Demers, & Venners, 2015; Rogers & Emmett, 1987). In addition, family members of patients receiving antineoplastic drugs may have antineoplastic drug metabolites in their urine, and antineoplastic drug residue has been found on bathroom surfaces in homes (Yuki, Sekine, Takase, Ishida, & Sessink, 2013; Yuki, Takase, Sekine, & Ishida, 2014; Yuki, Ishida, & Sekine, 2015). These findings suggest high exposure risk to antineoplastic drugs for family members and healthcare providers.

Like family members, nursing assistants perform intimate personal care duties as part of their role in caring for patients receiving antineoplastic drugs, including feeding, bathing, toileting, dressing, grooming, repositioning, and changing linens, which repeatedly expose them to the bodily fluids of patients (U.S. Bureau of Labor Statistics, 2018). Findings from the limited studies on nursing assistants’ exposure to antineoplastic drugs suggest that